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**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/729,821
Filing Date	December 5, 2003
First Named Inventor	Aloys Wobben
Art Unit	3745
Examiner Name	Christopher M. Verdier
Attorney Docket No.	970054.450C1

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance
Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing
Receipt | <input type="checkbox"/> Appeal Communication to
Board of Appeals and
Interferences |
| <input checked="" type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to
TC (<i>Appeal Notice, Brief,
Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney,
Revocation, Change of
Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment
Request | <input type="checkbox"/> Declaration | <input type="checkbox"/> Other Enclosure(s) (<i>please
identify below</i>): |
| <input type="checkbox"/> Information Disclosure
Statement; Form PTO-1449 | <input type="checkbox"/> Statement under 37 CFR
3.73(b) | _____ |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Terminal Disclaimer | _____ |
| <input checked="" type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> Request for Refund | _____ |
| <input type="checkbox"/> Response to Missing Parts
under 37 C.F.R. 1.52 or 1.53 | <input type="checkbox"/> CD, Number
of CD(s) _____ | _____ |
| <input type="checkbox"/> Response to Missing
Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | _____ |

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	David V. Carlson		
Date	April 7, 2005	Reg. No.	31,153

CERTIFICATE OF TRANSMISSION/MAILING

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